

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034446

FILED
Mar 15, 2011
Secretary of State

Entity Name: ALTERNATIVE HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

3523 N. LOCKWOOD RIDGE ROAD
SARASOTA, FL 34234 US

New Principal Place of Business:

Current Mailing Address:

4479 GOLDEN LAKE DR
SARASOTA, FL 34233 US

New Mailing Address:

FEI Number: 65-0411914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHMIELEWSKI, MARK A
4479 GOLDEN LAKE DRIVE
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: CHMIELEWSKI, MARK A
Address: 4479 GOLDEN LAKE DR
City-St-Zip: SARASOTA, FL 34233

Title: D
Name: CHMIELEWSKI, CHERRYL A
Address: 4479 GOLDEN LAKE DR
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK A. CHMIELEWSKI

D

03/15/2011

Electronic Signature of Signing Officer or Director

Date